

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/762581

FILED NO.

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	6				6	
TOTAL DEP.	5				5	
TOTAL CLAIMS	11				11	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

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